



#### CERTIFICATE OF MAILING

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Wendy Scott

(Typed or Printed Name of Person Mailing Paper or Fee)

Wendy Scott

(Signature of Person Mailing Paper or Fee)

SC  
#10C  
2/24/04

Application Number : 09/741,680 Confirmation Number: 6541  
Applicant : Vipin Samar  
Filed : December 15, 2000  
TC/A.U. : 2171  
Examiner : Nguyen, Cam Linh T.

Docket Number : OR00-14001  
Customer No. : 22835

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M/S: Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

#### AMENDMENT

Sir,

In response to the office action of **December 8, 2003**, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.



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### AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment  
Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed December 8, 2003.
- ☐ A petition for extension of time is also enclosed with a fee of \$0.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
  - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and \_\_\_ references.
- ☒ No additional claims fees are required.



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☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

- ☐ A check in the amount of \$\_\_\_ is enclosed.  
☐ Charge \$\_\_\_ to Deposit Account No. \_\_\_ (Docket No. \_\_\_).  
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR00-14001).

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Tel: (530) 759-1663  
FAX: (530) 759-1665

Respectfully submitted,

By

Edward J. Grundler  
Registration No. 47,615

Date: February 13, 2003